



**BOARD OF OPTOMETRY**  
 400 R STREET, SUITE 4090, SACRAMENTO, CALIFORNIA, 95814-6200  
 TELEPHONE: (916) 323-8720  
 www.optometry.ca.gov



## APPLICATION FOR LICENSURE AS AN OPTOMETRIST

The following information is required under Sections 3044, 3045 & 3047 of the Business and Professions Code. All terms of information requested are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. The official responsible for the maintenance of this information is the Executive Officer.

The information may be transferred to other interagency or intergovernmental agency, and/or enforcement agencies. Each individual has the right to review the files or records maintained on them by the agency, unless the records are identified as confidential information and exempted in Section 1798.3 of the Information Practices Act of the Civil Code.

### FOR OFFICE USE ONLY

**Receipt Number** \_\_\_\_\_

**APPLICATION FEE: \$275.00**

PLEASE TYPE OR PRINT LEGIBLY

1. Name: (FIRST)			(MIDDLE)			(LAST)			
2. Address: (NUMBER & STREET)								Date of Birth	
(CITY)			(STATE)			(ZIP)		(TELEPHONE)	
3. Disclosure of your Social Security Number is mandatory. Section 30 of the Business and Professions Code and Public law 94-455 (42 section # USCA(c) (2) (C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your social security number, your application for examination will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.									
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div>									
4. Education: Name(s) of School(s) or College(s) of Optometry attended (NAME OF SCHOOL)									
(ADDRESS OF SCHOOL)		(NUMBER & STREET)			(CITY)		(STATE)		(ZIP)
(DATE ENTERED)					(DATE GRADUATED)				
(NAME OF SCHOOL)									
(ADDRESS OF SCHOOL)		(NUMBER & STREET)			(CITY)		(STATE)		(ZIP)
(DATE ENTERED)					(DATE GRADUATED)				

<p>5. National Board of Examiners in Optometry (NBEO)</p> <p>Have your NBEO transcripts been sent to the California State Board of Optometry? If answer is Yes, provide month and year of test administration.</p>	<input style="width: 40px; height: 20px;" type="checkbox"/> Yes <input style="width: 40px; height: 20px;" type="checkbox"/> No
<p>6. Have you previously applied for licensure to practice optometry in California? If answer is Yes, provide the month and year of application:</p>	<input style="width: 40px; height: 20px;" type="checkbox"/> Yes <input style="width: 40px; height: 20px;" type="checkbox"/> No
<p>7. Do you now or have you ever held a license to practice optometry in any other state?</p> <p>If answer is Yes, provide state(s) and license number(s):</p>	<input style="width: 40px; height: 20px;" type="checkbox"/> Yes <input style="width: 40px; height: 20px;" type="checkbox"/> No
<p>8. Have you ever had a license to practice optometry in this or any other state denied, suspended or revoked?</p> <p>If answer is Yes, provide full details including charge(s), where (state or territory) and final disposition:</p>	<input style="width: 40px; height: 20px;" type="checkbox"/> Yes <input style="width: 40px; height: 20px;" type="checkbox"/> No
<p>9. Are you presently suffering from any ailment communicable to others?</p> <p>If answer is Yes, explain fully:</p>	<input style="width: 40px; height: 20px;" type="checkbox"/> Yes <input style="width: 40px; height: 20px;" type="checkbox"/> No
<p>10. Have you, as a juvenile or adult, ever been convicted of or plead nolo contendere to any violation of a U.S. Statute, State Statute or local ordinance, other than Vehicle Code offenses in which fines levied were less than \$50.00? (Convictions dismissed pursuant to Section 1203.4 of the Penal Code must be disclosed)</p> <p>If answer is Yes, provide the full details of each offense, including nature, location, disposition and date of disposition and submit with this application.</p>	<input style="width: 40px; height: 20px;" type="checkbox"/> Yes <input style="width: 40px; height: 20px;" type="checkbox"/> No

I declare under penalty of perjury under the laws of the State of California that the answers and information given by me in completing this application, and any attached sheets, are true and I understand and agree that any misstatements of material facts herein may be cause for the denial of this application or for subsequent suspension or revocation of a certificate of registration to practice optometry in California if one is granted to me.

Date	Signature of Applicant
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PHOTOS MUST HAVE BEEN TAKEN WITHIN THE LAST SIX MONTHS  
USE TAPE    DO NOT STAPLE

